



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

3. This Statement covers From: 4/21/08 To 5/4/08

1. Committee I.D. Number

138023

4. Committee's Mailing Address

18905 England Dr

Macomb MI 48042

Area Code and Phone 586-203-8633

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

2. Committee Name

Protect Our Future
Macomb

5. Treasurer's Name and Residential Address

Nathan Hlain

18905 England Dr

Macomb MI 48042

Area Code and Phone 586-203-8633

6. Treasurer's Business Address

4000 Towncenter Ste 1400
Southfield, MI

Area Code and Phone 248-943-5247

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 15

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8d. ☐ ANNUAL STATEMENT
(Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☒ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/we certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

NATHAN HLAIN

Designated Record Keeper

Type or Print Name

Signature

Date

6/3/08



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138023
2. Committee Name PROTECT OUR FUTURE MACOMB

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>1200</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1200</u>	(18.) \$ _____
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>1200</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>2653.55</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>2653.55</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>2653.55</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>2349.00</u>	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1467.05</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>1200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2667.05 2667.05</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>2653.55</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>13.50</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4-30-08

Name & Address:

Buchholz, Dennis

22322 Cyman Ave Warren, MI 48091

\$ 900⁰⁰

\$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 5-14-08

Name & Address:

Hain, Nathan

18905 England
Macomb, MI 48042

\$ 300⁰⁰

\$ 000⁰⁰

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation HR mgr Employer Cibee Inc

Business Address 4000 Towncenter Ste. 1400 Southfield, MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

1200⁰⁰

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

1200⁰⁰

Enter this total
on line 3a of
Summary Page

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 138023

2. Committee Name Protect Our Future Macomb

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Nathan Hlaun 18905 England Dr Maconb, MI 48042	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction MACOMB County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	5/14/08 Date	\$ 4.55	\$ _____
4. Purpose: <u>Reimbursement - votedata</u> <input type="checkbox"/> Fund Raiser	<u>County charter</u>	Click Here for Memo Itemization Type		
Expenditure #2 Name & Address: Nathan Hlaun 18905 England Dr Maconb, MI 48042	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction MACOMB County <u>County charter</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	5/14/08 Date	\$ 300.55	\$ 304.55
4. Purpose: <u>Reimbursement - fundraiser</u> <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization Type		
Expenditure #3 Name & Address: Nathan Hlaun 18905 England Dr Maconb, MI 48042	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction MACOMB County <u>County charter</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	5/14/08 Date	\$ 550.55	\$ 854.55
4. Purpose: <u>Reimbursement - votedata</u> <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization Type		
Expenditure #4 Name & Address: NATHAN HLAUN 18905 ENGLAND DR MACOMB MI 48042	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction MACOMB County <u>COUNTY CHARTER</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	5/14/08 Date	\$ 1799	\$ 2653.55
4. Purpose: <u>REIMBURSEMENT - RABA</u> <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization Type		

Subtotal this page

2653.55

**Grand Total of all Schedules 2B
(Complete on last page of Schedule)**

2653.55

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 2B-2
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 138023
2. Committee Name Protect Our Future Macomb

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Election or Election Cycle (Through date in Item 5)
Expenditure #1 Name & Address: <u>NATHAN KLAIVEN</u> <u>18905 ENGLAND DR</u> <u>HAZARD TOWNSHIP 48042</u>	<input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input checked="" type="checkbox"/> Goods or Services Purchased - LOAN Description <u>VOTER DATA</u>	<u>0</u> \$ <u>550</u>	\$ <u>550</u>	\$ _____
Name of Candidate _____	5. DATE OF EXPENDITURE: <u>4/22/08</u>	Click Here for Memo Itemization Type		
Office Sought & District # or Jurisdiction	6. VENDOR NAME & ADDRESS:			
<u>MACOMB</u>	<u>DATA GEN</u>			
County	<u>4940 CAMPUS DR #8</u>			
<u>CHARTER</u>	<u>NEWPORT BEACH, CA 92660</u>			
Ballot Proposal				
Expenditure #2 Name & Address: <u>NATHAN KLAIVEN</u> <u>18905 ENGLAND DR</u> <u>MACOMB TOWNSHIP 48042</u>	<input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input checked="" type="checkbox"/> Goods or Services Purchased - LOAN Description <u>ROBO CALLING</u>	<u>0</u> \$ <u>9799</u>	\$ <u>1799</u>	\$ <u>2349</u>
Name of Candidate _____	5. DATE OF EXPENDITURE: <u>4/26/08</u>	Click Here for Memo Itemization Type		
Office Sought & District # or Jurisdiction	6. VENDOR NAME & ADDRESS:			
<u>MACOMB</u>	<u>KWICK CALL</u>			
County	<u>1925 E 17TH ST #2</u>			
<u>CHARTER</u>	<u>BROOKLYN NY 11229</u>			
Ballot Proposal				
Expenditure #3 Name & Address: 	<input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____	\$ _____	\$ _____	\$ _____
Name of Candidate _____	5. DATE OF EXPENDITURE: _____	Click Here for Memo Itemization Type		
Office Sought & District # or Jurisdiction	6. VENDOR NAME & ADDRESS:			
County	<u>KWICK CALL</u>			
Ballot Proposal				

Page Subtotal

<u>22490</u>	<u>2349</u>
<u>22490</u>	<u>2349</u>

Grand Total of all Schedules 2B-2
(Complete on last page of Schedule)

Enter this total
on line 8c of the
Summary Page

Enter this total on
line 11 of the Summary
Page

DEBTS AND OBLIGATIONS
SCHEDULE 2E**POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number 138023

2. Committee Name Protect Our Future Macomb

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 _____ Corp? <input type="checkbox"/> Yes Owed to or by: <u>NATHAN HLAIVEN</u> <u>18905 ENGLAND RD</u> <u>MACOMB TOWNSHIP 48042</u>	4. Type: <u>REIMBURSEMENT</u> <u>VOTER DATA</u> 5. <u>Date Debt Was Incurred:</u> <u>2/26/08</u> 6. <u>Original Amount of Debt</u> <u>\$ 4.55</u>	<u>5/14</u> \$ <u>4.55</u> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	<u>4.55</u> \$ _____	<u>0</u> \$ _____ <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 _____ Corp? <input type="checkbox"/> Yes Owed to or by: <u>NATHAN HLAIVEN</u> <u>18905 ENGLAND RD</u> <u>MACOMB TOWNSHIP 48042</u>	4. Type: <u>REIMBURSEMENT</u> <u>PURCHASER</u> 5. <u>Date Debt Was Incurred:</u> <u>3/15/08</u> 6. <u>Original Amount of Debt</u> <u>\$ 300</u>	<u>5/14</u> \$ <u>300</u> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>300</u>	<u>0</u> \$ _____ <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 _____ Corp? <input type="checkbox"/> Yes Owed to or by: <u>NATHAN HLAIVEN</u> <u>18905 ENGLAND</u> <u>MACOMB TOWNSHIP 48042</u>	4. Type: <u>REIMBURSEMENT</u> <u>VOTER DATA</u> 5. <u>Date Debt Was Incurred:</u> <u>4/22/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 550</u>	<u>5/14</u> \$ <u>550</u> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>550</u>	<u>0</u> \$ _____ <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<u>0</u>
Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.)				<u>0</u>

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 2E

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name _____

This Schedule itemizes:

- a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: _____ Corp? <input type="checkbox"/> Yes NATHAN HLAIVN 18905 ENGLAND DR MACOMB TOWNSHIP 48042	4. Type: <u>REIMBURSEMENT</u> <u>ROBO CALLING</u> 5. <u>Date Debt Was Incurred</u> : _____ 6. <u>Original Amount of Debt</u> \$ <u>1799</u>	5/14 \$ 1799 \$ \$ \$ \$	\$ 1799	\$ <u>0</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred</u> : _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred</u> : _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<u>1799</u> 0
Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.)				0

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page